PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

101518654

| _ | | | | | | | <u>.</u> | | 110/2 | 18 4 | 024 | | |
|---|--|---|--|-----------------|---|------------------|----------|---------------------|------------------------|-------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | | |
| | - NATIONAL | | (Colum | (Column 1) | | Column 2) | Ť | CATE | T | 1 | | | |
| U.S. NATIONAL STAGE FEES | | | <u> </u> | ···· | | | 4 | RATE | FEE | 1 | RATE | FEE | |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARGE ENT. = \$ 300 | | | BASIC FEE | | OR | BASIC FEE | 3000 | |
| EXAMINATION FEE | | | Salisfies PCT Artide 33(1): (4) = \$50/\$100 | | All other situations = \$ 100 / \$ 200 | | | EXAM. FEE | | | EXAM. FEE | 2000 | |
| SEARCH FEE | | | U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | | All other situations = \$ 250 / \$ 500 | | | SEARCH FEE | | | SEARCH FEE | 4000 | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | | |
| TOTAL CHARGEABLE CLAIMS | | | 15 min | /5 minus 20 = . | | • | | X \$ 25 = | <u> </u> | OR | X \$ 50 = | | |
| IND | EPENDENT CL | AIMS | / m | / minus 3 = | | | | X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | • | | | | + \$ 180 = | ļ | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 9009 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | | SMALL E | | - OR | OTHER SMALL E | NTITY- | |
| A TA | | CLAIMS REMAINING AFTER AMENDMENT | | PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT | Total | • | Minus | ļ | | = . | | X \$ 25 = | | OR | X \$ 50 = | | |
| AME | Independent | • | Minus | 444 | | = |] . | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +\$180= | _ | OR | + \$ 360 = | | |
| | | <u></u> | | | | | • • | TOTAL ADDIT. | | ÖR | TOTAL ADDIT. FEE | 111 | |
| | | | | | | | | | | | | | |
| | | (Column 1) | | (Colum | | (Column 3) | 7 (| | | 1 - / | | 4204 | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | PREVIO | 8ER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIÒNAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | | = . | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | • | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| ` | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +\$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | ٠. | | | • | | | | • | | | | | |
| _ | | | | a | | | | | | | | | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3

^{**} If the "Highest Number Previously Pald For" IN THIS SPACE is less than "20", enter "20".

^{***} If the "Highest Number Previously Pald For th THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.